

**2019 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# P14000096400

**Entity Name:** VALADARES HOLDINGS INC

**Current Principal Place of Business:**

4818 BRIER ROSE LN  
KISSIMMEE, FL 34746

**FILED**  
**Sep 06, 2019**  
**Secretary of State**  
**1170399645CC**

**Current Mailing Address:**

6735 CONROY ROAD  
SUITE 219  
ORLANDO, FL 32835 US

**FEI Number:** 47-3449371

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

ICONNECT SOLUTIONS CORP  
6735 CONROY ROAD  
SUITE 219  
ORLANDO, FL 32835 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** EMERSON CORREA

09/06/2019

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            VALADARES FERREIRA, MONICA VALERIA  
Address        SHIN QL 10, CONJUNTO 5, CASA 19  
City-State-Zip: BRASILIA DISTRITO FEDERAL 71-525055

Title            DIRECTOR  
Name            FERNANDES, MARCELO HENRIQUE FERREIRA SR.  
Address        SHIN QL 10, CONJUNTO 5, CASA 19  
City-State-Zip: BRASILIA DISTRITO FEDERAL 71-525055

Title            DIRECTOR  
Name            ROCHA, PEDRO HENRIQUE VALADARES SR.  
Address        SHIN QL 10, CONJUNTO 5, CASA 19  
City-State-Zip: BRASILIA DISTRITO FEDERAL 71-525055

Title            DIRECTOR  
Name            ROCHA, GABRIEL HENRIQUE VALADARES SR.  
Address        SHIN QL10, CONJUNTO 5, CASA 19  
City-State-Zip: BRASILIA DISTRITO FEDERAL 71-525055

Title            DIRECTOR  
Name            SILVA, ANTONIO ROCHA SR.  
Address        SHIN QL 10, CONJUNTO 5, CASA 19  
City-State-Zip: BRASILIA DISTRITO FEDERAL 71-525055

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** VALADARES FERREIRA , MONICA VALERIA

AMBR

09/06/2019

Electronic Signature of Signing Officer/Director Detail

Date